

PREVENTION PARTNERS REGIONAL SCREENING

Prevention Partners offers *Regional Screenings* for those that have missed a screening held at their own worksite. Those subscribing to the State Health Plan, BlueChoice, and Cigna will have the opportunity to participate in a *Regional Screening* on **April 15 & 16, 2009 in Suite 802 of the Capital Center (SouthTrust Building) located at 1201 Main Street in Columbia, SC.**

**YOU WILL BE NOTIFIED OF THE
EARLIEST APPOINTMENT TIME
AVAILABLE BY EMAIL ON MARCH 31.**

Screening Components

Health risk appraisal - a complete wellness profile
Lipid profile - Total cholesterol, LDL, HDL, and Triglycerides
Chemistry profile - Blood Urea Nitrogen (BUN) and creatinine, Glucose, Electrolytes, Chloride and Bicarbonate
Hemogram - Red and white blood cell count, Hemoglobin, and Hematocrit
Also includes Blood Pressure, Height and Weight

Registration

This screening is available for just a \$15 co-payment. To register you need to complete the registration form below and return it to: Prevention Partners Screening, 1201 Main Street, Suite 300, Columbia, SC 29201 **along with a check for \$15 made payable to Carolina Occupational Health Screening Group (or COHSG).**

Upcoming Screenings

(subject to change)
May 14 - Spartanburg
June 10 - Greenville
June 23 - Hampton
July 16 - Florence
Aug. 6 - Greenwood
Sept. 9 & 10 - Columbia
Oct. 14 - Rock Hill
Nov. 18 - Darlington
Dec. 8 - Anderson

Registration forms for these upcoming screenings will be posed online one month prior to the screening date at www.ejp.sc.gov (Click on Prevention Partners and see "What's New" at the bottom of the website page).



If you have any questions, please email emcelveen@ejp.sc.gov.

REGISTRATION FORM: Columbia, S.C. – April 15 & 16, 2009 (Registration deadline: March 31, 2009)

Terms and Conditions

- There is a 12-hour fast prior to your screening (you may have water and any required medications you may be taking)
- Participants are required to complete all components of this health screening. This includes height, weight, blood pressure, blood draw, and paperwork.
- Your insurance card ID number will be required the day of the screening for claim filing
- Insurance allows for **ONE** Prevention Partners screening per calendar year (January-December)
- Spouses covered by eligible employees and retirees can participate for a \$15 co-payment
- Dependent children are not eligible
- If Medicare or Tri-care is your primary insurance, you are not eligible
- **SCHEDULING:** Please understand the difficulty in scheduling large *Regional Screenings* screenings. It is impossible to honor every request for an early appointment time. To be fair, appointment times are assigned on a first come, first serve basis. Checks and registration forms will be kept in the order that they are received, with those responding earliest receiving the earliest appointment times. **Appointment times will be assigned on MARCH 31.** By registering for this screening, you acknowledge that you understand that your appointment time could range anywhere between 7:30 AM and NOON.

*** Preferred day for screening: April 15 or April 16 (circle one)

Name: _____ Work Phone: _____ Home/Cell Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Worksite Name: _____ Email (**REQUIRED-PRINT CLEARLY**): _____

To participate, your primary insurance must be one of the following (check one):

☐ State Health Plan

☐ BlueChoice

☐ Cigna

I hereby certify that I am an employee, retiree or covered spouse with insurance coverage through the state of South Carolina and that I have read the terms and conditions listed above. I understand how scheduling is done. I affirm that the information I've given is true and correct. Any discrepancy may result in further billing by the provider.

SIGNATURE _____ Insurance Card I.D. Number (not your SSN#): _____